## UNITED STATES PATENT AND TRADEMARK OFFICE

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## NOTICE OF ALLOWANCE AND FEE(S) DUE

000570

7590

11/14/2005

AKIN GUMP STRAUSS HAUER & FELD L.L.P. ONE COMMERCE SQUARE 2005 MARKET STREET, SUITE 2200 PHILADELPHIA, PA 19103 EXAMINER FRANCIS, FAYE

110111010,1111

PAPER NUMBER

ART UNIT

DATE MAILED: 11/14/2005

| 1 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR         | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|------------------------------|---------------------|------------------|
|   | 10/782.616      | 02/19/2004  | Francesco Leopoldo Carnevale | 10499-626US         | . 5098           |

TITLE OF INVENTION: KITCHEN APPLIANCE WITH A SAFETY INTERLOCK

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 02/14/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

| NSTRUCTIONS: This for ppropriate. All further corn dicated unless corrected by an internance fee notification | below or directed otherwise in                                                                          | ent, advance order<br>Block 1, by (a)                       | FEE and Pers and notifications and notifications are specifying a                                                                                           | UBLICATION FEE (if requi<br>ication of maintenance fees w<br>new correspondence address;                                                                                                    | and/or (b) indicating a separ                                                                                                                                                                                                                                                                 | rate "FEE ADDRESS" for                                     |  |  |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                  |                                                                                                         |                                                             |                                                                                                                                                             | Fee(s) Transmittal. The                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                            |  |  |
| *****                                                                                                         | 90 11/14/2005                                                                                           |                                                             |                                                                                                                                                             | '                                                                                                                                                                                           | rtificate of Mailing or Trans                                                                                                                                                                                                                                                                 | mission                                                    |  |  |
|                                                                                                               | RAUSS HAUER & F                                                                                         | ELD L.L.P.                                                  |                                                                                                                                                             | I hereby certify that th                                                                                                                                                                    | is Fee(s) Transmittal is being                                                                                                                                                                                                                                                                | deposited with the United                                  |  |  |
| ONE COMMERCE                                                                                                  | E SQUARE                                                                                                |                                                             |                                                                                                                                                             | States Postal Service v                                                                                                                                                                     | his Fee(s) Transmittal is being with sufficient postage for first 1 Stop ISSUE FEE address (TO (571) 273-2885, on the d                                                                                                                                                                       | above or being facsimile                                   |  |  |
|                                                                                                               | REET, SUITE 2200                                                                                        |                                                             |                                                                                                                                                             | transmitted to the USP                                                                                                                                                                      | TO (571) 273-2885, on the d                                                                                                                                                                                                                                                                   | ate indicated below.                                       |  |  |
| PHILADELPHIA,                                                                                                 | PA 19103                                                                                                |                                                             |                                                                                                                                                             | •                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               | (Depositor's name)                                         |  |  |
|                                                                                                               | •                                                                                                       |                                                             |                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               | (Signature)                                                |  |  |
|                                                                                                               | •                                                                                                       |                                                             |                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               | (Date)                                                     |  |  |
|                                                                                                               |                                                                                                         |                                                             |                                                                                                                                                             |                                                                                                                                                                                             | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                           | CONFIRMATION NO.                                           |  |  |
| APPLICATION NO.                                                                                               | FILING DATE                                                                                             |                                                             | IRST NAMED                                                                                                                                                  |                                                                                                                                                                                             | L                                                                                                                                                                                                                                                                                             | 5098                                                       |  |  |
| 10/782,616                                                                                                    | 02/19/2004                                                                                              | Fra                                                         | ncesco Leop                                                                                                                                                 | oldo Carnevale                                                                                                                                                                              | 10499-626US                                                                                                                                                                                                                                                                                   | 3098                                                       |  |  |
| TITLE OF INVENTION: K                                                                                         | ITCHEN APPLIANCE WITH                                                                                   | A SAFETY INT                                                | ERLOCK                                                                                                                                                      |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
|                                                                                                               |                                                                                                         |                                                             |                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| APPLN. TYPE                                                                                                   | SMALL ENTITY                                                                                            | ISSUE FE                                                    | E                                                                                                                                                           | PUBLICATION FEE                                                                                                                                                                             | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                              | DATE DUE                                                   |  |  |
| nonprovisional                                                                                                | NO                                                                                                      | \$1400                                                      |                                                                                                                                                             | \$300                                                                                                                                                                                       | \$1700                                                                                                                                                                                                                                                                                        | 02/14/2006                                                 |  |  |
| EXAM                                                                                                          | MINER                                                                                                   | ART UN                                                      | T                                                                                                                                                           | CLASS-SUBCLASS                                                                                                                                                                              | J .                                                                                                                                                                                                                                                                                           |                                                            |  |  |
| FRANC                                                                                                         | IS, FAYE                                                                                                | 3725                                                        |                                                                                                                                                             | 241-037500                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| Change of correspondence                                                                                      | e address or indication of "Fee                                                                         | Address" (37                                                | 2. For prin                                                                                                                                                 | ting on the patent front page, l                                                                                                                                                            | ist                                                                                                                                                                                                                                                                                           |                                                            |  |  |
| CFR 1.363).                                                                                                   | e address of meleution of 100                                                                           |                                                             |                                                                                                                                                             | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| Change of correspond                                                                                          | dence address (or Change of C                                                                           | orrespondence                                               | or agents (                                                                                                                                                 |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| Address form PTO/SB/1                                                                                         | ation (or "Fee Address" Indicat                                                                         | ion form                                                    | registered                                                                                                                                                  |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| PTO/SB/47; Rev 03-02<br>Number is required.                                                                   | or more recent) attached. Use                                                                           | of a Customer                                               | 2 registere                                                                                                                                                 | name will be printed.                                                                                                                                                                       | f no name is 3                                                                                                                                                                                                                                                                                |                                                            |  |  |
| 3. ASSIGNEE NAME ANI                                                                                          | O RESIDENCE DATA TO BE                                                                                  | PRINTED ON T                                                | HE PATENT                                                                                                                                                   | Γ (print or type)                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| PLEASE NOTE: Unless recordation as set forth i                                                                | s an assignee is identified bel<br>n 37 CFR 3.11. Completion o                                          | ow, no assignee f this form is NO                           | data will app<br>Γa substitute                                                                                                                              | ear on the patent. If an assig for filing an assignment.                                                                                                                                    | mee is identified below, the                                                                                                                                                                                                                                                                  | document has been filed for                                |  |  |
| (A) NAME OF ASSIGN                                                                                            | NEE ·                                                                                                   | (В                                                          | ) RESIDENC                                                                                                                                                  | CE: (CITY and STATE OR CO                                                                                                                                                                   | OUNTRY)                                                                                                                                                                                                                                                                                       |                                                            |  |  |
| . ,                                                                                                           |                                                                                                         |                                                             |                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
|                                                                                                               | `                                                                                                       |                                                             |                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| Please check the appropriat                                                                                   | te assignee category or categor                                                                         | ies (will not be pr                                         | inted on the p                                                                                                                                              | patent): 🔲 Individual 🔲 (                                                                                                                                                                   | Corporation or other private gr                                                                                                                                                                                                                                                               | roup entity Government                                     |  |  |
| 4a. The following fee(s) are                                                                                  |                                                                                                         |                                                             | . Payment of                                                                                                                                                |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| ☐ Issue Fee                                                                                                   |                                                                                                         |                                                             | A check                                                                                                                                                     | in the amount of the fee(s) is e                                                                                                                                                            | enclosed.                                                                                                                                                                                                                                                                                     |                                                            |  |  |
|                                                                                                               |                                                                                                         |                                                             |                                                                                                                                                             | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| Advance Order - # of Copies                                                                                   |                                                                                                         |                                                             | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
|                                                                                                               |                                                                                                         |                                                             | Deposit Acc                                                                                                                                                 | count Number                                                                                                                                                                                | (chelose all extra                                                                                                                                                                                                                                                                            | copy or any rorm,                                          |  |  |
| 5. Change in Entity Statu                                                                                     | s (from status indicated above<br>SMALL ENTITY status. See 3                                            | 7 CER 1 27.                                                 | □ b. Appli                                                                                                                                                  | cant is no longer claiming SM.                                                                                                                                                              | ALL ENTITY status. See 37 (                                                                                                                                                                                                                                                                   | CFR 1.27(g)(2).                                            |  |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and<br>interest as shown by the rec                          | D is requested to apply the Issu<br>Publication Fee (if required) we<br>cords of the United States Pate | e Fee and Publica<br>ill not be accepte<br>nt and Trademark | tion Fee (if a<br>d from anyon<br>Office.                                                                                                                   | ny) or to re-apply any previou<br>te other than the applicant; a re                                                                                                                         | sly paid issue fee to the applic<br>gistered attorney or agent; or                                                                                                                                                                                                                            | cation identified above.<br>the assignee or other party in |  |  |
|                                                                                                               |                                                                                                         |                                                             |                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                            |  |  |
| Typed or printed name                                                                                         |                                                                                                         |                                                             |                                                                                                                                                             | Registratio                                                                                                                                                                                 | on No.                                                                                                                                                                                                                                                                                        |                                                            |  |  |
| This collection of informat an application. Confidentia                                                       | tion is required by 37 CFR 1.3 ality is governed by 35 U.S.C.                                           | 11. The information 122 and 37 CFR                          | on is required                                                                                                                                              | to obtain or retain a benefit by ollection is estimated to take 1                                                                                                                           | y the public which is to file (a minutes to complete, includ                                                                                                                                                                                                                                  | nd by the USPTO to process ing gathering, preparing, and   |  |  |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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DATE MAILED: 11/14/2005

| APPLICATION NO.                                                                                                                          | FI         | LING DATE  | FIRST NAMED INVENTOR         | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------------------------|---------------------|------------------|--|--|
| 10/782,616                                                                                                                               |            | 12/19/2004 | Francesco Leopoldo Carnevale | 10499-626US         | 5098             |  |  |
| ,                                                                                                                                        | 11/14/2005 |            |                              | EXAMINER            |                  |  |  |
|                                                                                                                                          |            | ****       | D L.L.P.                     | FRANCIS, FAYE       |                  |  |  |
| O00570 7590 11/14/2005  AKIN GUMP STRAUSS HAUER & FELD L.L.P.  ONE COMMERCE SQUARE 2005 MARKET STREET, SUITE 2200  ART UNIT PAPER NUMBER |            |            |                              |                     |                  |  |  |
| 2005 MARKET                                                                                                                              |            |            | 3725                         |                     |                  |  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 209 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 209 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.